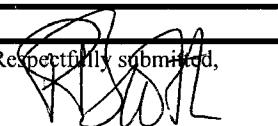


TRANSMITTAL FORM

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">Application Serial Number</td> <td style="width: 95%;">10/658,752</td> </tr> <tr> <td>Filing Date</td> <td>September 10, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Corinna Lohning</td> </tr> <tr> <td>Group Art Unit</td> <td>1639</td> </tr> <tr> <td>Examiner Name</td> <td>Steele, Amber D.</td> </tr> <tr> <td>Attorney Docket No.</td> <td>49981-002D</td> </tr> <tr> <td>Patent No.</td> <td>Not applicable</td> </tr> <tr> <td>Issue Date</td> <td>Not applicable</td> </tr> </table>	Application Serial Number	10/658,752	Filing Date	September 10, 2003	First Named Inventor	Corinna Lohning	Group Art Unit	1639	Examiner Name	Steele, Amber D.	Attorney Docket No.	49981-002D	Patent No.	Not applicable	Issue Date	Not applicable
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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response (1.821) <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input checked="" type="checkbox"/> Petition for Extension of Time (5 months)	<input checked="" type="checkbox"/> Copy of PTO Notice to Comply <ul style="list-style-type: none"> <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Response to Notice to Comply

CORRESPONDENCE ADDRESS <p>Direct all correspondence to: PATENT ADMINISTRATOR Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400, South Washington, D.C. 2004 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899 CUSTOMER NO: 61263</p>	SIGNATURE BLOCK <p style="text-align: right;">Respectfully submitted,</p>  <p>Paul M. Booth Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Suite 400 Washington, D.C. 20004</p>
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